

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. 10593692		FILING DATE					
CLAIMS						APPLICANT(S)							
	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT			AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/				51						
2		/		/			52						
3		/		/			53						
4		/		/			54						
5		/		/			55						
6		/		/			56						
7		/		/			57						
8		/		/			58						
9		/		/			59						
10		/		/			60						
11		/		/			61						
12		/		/			62						
13		/		/			63						
14		/		/			64						
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17		/		/			67						
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23		/		/			73						
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32		/		/			82						
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41		/		/			91						
42		/		/			92						
43		/		/			93						
44		/		/			94						
45		/		/			95						
46		/		/			96						
47		/		/			97						
48		/		/			98						
49		/		/			99						
50		/		/			100						
TOTAL IND.	1	↓	1	↓		↓	TOTAL IND.		↓		↓		↓
TOTAL DEP.	18	←	11	←		←	TOTAL DEP.		←		←		←
TOTAL CLAIMS	19		12				TOTAL CLAIMS						